



NEVADA TRANSPORTATION AUTHORITY COMPLAINT FORM

INSTRUCTIONS:

- **Type or print clearly in ink.**
- **Complete all sections of the form that pertain to your complaint.**
- **Mail or deliver the signed original form to either of our office locations.**

Upon receipt, your complaint will be reviewed by a member of our staff. It may take two weeks or more for you to receive a response of receipt from our office.

THE NEVADA TRANSPORTATION AUTHORITY CANNOT PROCESS UNSIGNED, INCOMPLETE OR ILLEGIBLE COMPLAINT FORMS.



**NEVADA TRANSPORTATION AUTHORITY
COMPLAINT FORM**

SECTION 1.

COMPLAINANT INFORMATION

NAME (LAST, FIRST, MI): _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

CELL PHONE: _____

ALTERNATE PHONE NUMBER: _____

EMAIL ADDRESS: _____

OFFICIAL USE ONLY ---- DO NOT WRITE IN THIS BOX

Processing Date: _____

I#: _____

Assignment: _____

Status: _____

Company: _____

CPCN #: _____

Notes:

SECTION 2

TOW COMPLAINTS

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY, STATE, ZIP: _____

COMPANY'S PHONE: _____

COMPANY WEBSITE (if available): _____

PERSON(S) CONTACTED AT ABOVE COMPANY: _____

VEHICLE DESCRIPTION

REGISTERED OWNER: _____

YEAR, MAKE & MODEL: _____

LICENSE PLATE #, STATE REGISTERED & VIN: _____

DATE, TIME & LOCATION OF OCCURRENCE: _____

NAME OF TOW TRUCK DRIVER: _____

PAYMENTS MADE TO THE COMPANY: _____

INVOICE/RECEIPT NUMBER: _____

SECTION 3.

HOUSEHOLD GOODS MOVER COMPLAINTS

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY, STATE, ZIP: _____

COMPANY'S PHONE: _____

COMPANY WEBSITE (if available): _____

PERSON(S) CONTACTED AT ABOVE COMPANY: _____

DATE, TIME & LOCATION OF OCCURRENCE: _____

MOVE START ADDRESS: _____

MOVE ENDING ADDRESS: _____

NAME OF TRUCK DRIVER: _____

PAYMENTS MADE TO THE COMPANY: _____

INVOICE/RECEIPT NUMBER: _____

SECTION 4.

PASSENGER TRANSPORTATION COMPLAINTS

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY, STATE, ZIP: _____

COMPANY'S PHONE: _____

COMPANY WEBSITE (if available): _____

PERSON(S) CONTACTED AT ABOVE COMPANY: _____

DATE, TIME & LOCATION OF OCCURRENCE: _____

TRIP START ADDRESS: _____

TRIP ENDING ADDRESS: _____

NAME OF DRIVER: _____

PAYMENTS MADE TO THE COMPANY: _____

INVOICE/RECEIPT NUMBER: _____

SECTION 5.

FOR ALL COMPLAINTS
DETAILS OF COMPLAINT

- PLEASE PROVIDE A DETAILED STATEMENT REGARDING YOUR COMPLAINT AND THE NATURE OF THE RELIEF SOUGHT.
- DO NOT OMIT ANY FACTS, AS ALL INFORMATION MAY BE RELEVANT TO OUR INVESTIGATION.
- ATTACH ANY DOCUMENTATION WHICH MAY SUPPORT YOUR CLAIM (PHOTOS, INVOICES, ETC.).

USE ADDITIONAL PAGES IF NEEDED.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
NEVADA TRANSPORTATION AUTHORITY
PHONE 702-486-3303
www.nta.nv.gov

MAIL OR HAND DELIVER COMPLETED COMPLAINT FORM TO:

NEVADA TRANSPORTATION AUTHORITY
2290 S JONES BLVD,
SUITE 110
LAS VEGAS, NV 89146

OR

NEVADA TRANSPORTATION AUTHORITY
1755 E PLUMB LANE
SUITE 216
RENO, NV 89502

**THE NEVADA TRANSPORTATION AUTHORITY WILL NOT PROCESS
ANY UNSIGNED, INCOMPLETE OR ILLEGIBLE COMPLAINT FORMS**

I understand that the NTA represents the public by ensuring that businesses licensed by their authority are in compliance with the laws related to NRS 706 and NAC 706. I understand that the information contained in this complaint may be used to establish violations of Nevada law for enforcement actions. I also understand that the NTA will send my complaint and supporting documents to the business identified in this complaint.

I hereby affirm under penalty of perjury that I am an adult, 18 years of age or older, that I have personal knowledge of this matter stated herein, and that the assertions contained in this complaint are true.

Print Name: _____

Signature: _____ Date: _____